

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country India	Citizenship India
Mailing Address Indian Institute of Chemical Technology			
Mailing Address			
City Hyderabad Andhara Pradesh	State	Zip	Country India
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Suhanya		Duraismwamy	
Inventor's Signature <i>Suhanya</i>		Date <i>23<sup>rd</sup> April '09</i>	
Residence: City <b>Hyderabad</b>	State	Country India	Citizenship India
Mailing Address Indian Institute of Chemical Technology			
Mailing Address			
City Hyderabad Andhara Pradesh	State	Zip	Country India
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Smitha		Biduru	
Inventor's Signature <i>Smitha</i>		Date <i>23<sup>rd</sup> April '09</i>	
Residence: City <b>Hyderabad</b>	State	Country India	Citizenship India
Mailing Address Indian Institute of Chemical Technology			
Mailing Address			
City Hyderabad Andhara Pradesh	State	Zip	Country India


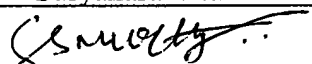
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**DECLARATION — Utility or Design Patent Application**

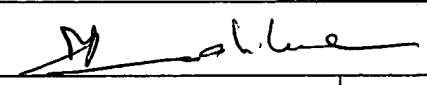
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <b>34284</b> OR <input type="checkbox"/> Correspondence address below			
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Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Sundergopal</b>		Family Name or Surname <b>Sridhar</b>	
Inventor's Signature 		Date <b>23<sup>rd</sup> April 2004</b>	
Residence: City <b>Hyderabad</b>	State <b>Andhra Pradesh</b>	Country <b>India</b>	Citizenship <b>India</b>
Mailing Address <b>Indian Institute of Chemical Technology</b>			
City <b>Hyderabad</b>	State <b>Andhra Pradesh</b>	ZIP	Country <b>India</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Suryanaravana</b>		Family Name or Surname <b>Murthy</b>	
Inventor's Signature 		Date <b>23<sup>rd</sup> April '04</b>	
Residence: City <b>Hyderabad</b>	State <b>Andhra Pradesh</b>	Country <b>India</b>	Citizenship <b>India</b>
Mailing Address <b>Indian Institute of Chemical Technology</b>			
City <b>Hyderabad</b>	State <b>Andhra Pradesh</b>	ZIP	Country <b>India</b>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1,2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ramakrishna		Machiraju	
Inventor's Signature 		Date <u>23/4/2004</u>	
Residence: City	Hyderabad	State	Country India
Citizenship India			
Mailing Address Indian Institute of Chemical Technology			
Mailing Address			
City	Hyderabad	State	Andhara Pradesh
Zip		Country	India
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Suhanya			
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Country
Zip		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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